

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-049,209

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		51				
5		10				
6		51				
7		10				
8		51				
9		10				
10		51				
11		10				
12		51				
13		10				
14		51				
15		10				
16		51				
17		10				
18		51				
19		10				
20		51				
21		10				
22		51				
23		10				
24		1				
25		1				
26		1				
27		1				
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30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
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42		1				
43		1				
44		1				
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	43					
TOTAL CLAIMS	44					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						